CALIFORNIA ARCHITECTS BOARD LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

2420 Del Paso Road, Ste. 105 Sacramento, CA 95834

Phone: (916) 575-7230 Fax: (916) 575-7285 E-mail: latc@dca.ca.gov Web:www.latc.ca.gov



CONSUMER COMPLAINT FORM

1. **SUBJECT** (Person Complaint is Against)

Last Name	First Name	Middle Name			
Business Name	E-mail (optional)	E-mail (optional)			
Business Address					
City		State	Zip Coo	de	
Business Phone ()	Home Phone (If Known)	Landscape Architect	Landscape Architect License # (If Known)		
2. COMPLAINANT (Person Making the Complaint)				
Last Name	Middle Name	Middle Name			
Address		Email (optional)			
City		State	Zip Code	;	
Business Phone ()	Home Phone	Best Time of Day to C	ay to Contact You		
3. Did you have a contra (If yes, please attach a	ct or letter of agreement with the subject?	?YES	S 🗆	NO 🗆	
4. Have you discussed y	YES	S 🗆	NO 🗆		
5. Have you contacted an attorney regarding this matter?			S 🗆	NO 🗆	
6. Have you filed a claim If so, name court:	YES	S 🗆	NO 🗆		
and indicate hearing d	ate, if scheduled:				
	e person or company to do to satisfy you he California Architects Board, does not l				

8. Describe the nature of your complaint on the reverse side.

NATURE OF YOUR COMPLAINT

owed, amounts claimed by third parties, etc.	aint and specify pertinent dates, monies paid, balances Use additional paper if necessary. Please attach any ommunication, drawings, etc.) which will help support
The filing of this complaint does not prohibit	t you from filing a civil action.
of my knowledge all of the above statemen	der the laws of the State of California that to the best nts are correct. If called upon, I will assist in the respondent or other involved parties, and will, if ings and testify to facts.
YOUR SIGNATURE	DATE